

VESSEL AUTHORIZATION/OPERATOR HISTORY FORM

The following information will be retained on file by all Agencies on their Operators authorized to operate a State vessel:

Name: _____ Employed by: _____
 Address: _____ (Department, Board, Commission)
 _____ Zip _____ Assigned to: _____
 _____ (Agency, District, Office)
 SSN: _____
 Operator License No.: _____ Job Title: _____
 Expiration Date: _____ Immediate Supervisor's Name: _____
 Date of Birth: _____ Phone: _____
 Issue Date: _____ Primary purpose to operate vessels? Yes ___ No ___
 Current Operator Record attached: _____ Will this Operator be authorized to operate his
 Has it been verified as accurate? _____ or her privately owned vessel in the course and
 scope of employment? Yes ___ No ___

	<u>TYPE 1</u>	<u>TYPE 2</u>	<u>TYPE 3</u>	<u>TYPE 4</u>	<u>TYPE 5</u>	<u>TYPE 6</u>
<u>TYPE</u>	No Motor,	Motorboat-Class	Airboat	Tug	Ferry	Other,
<u>VESSELS:</u>	Pirogue, skiff,	A - 1 - 2 - 3 -		Push		Marsh Buggy
	<u>raft, bateau</u>					

State Vessels
Authorized to
Operate:

Date Trained: _____ Source of Training: _____

Number of days per week required to operate a vessel: _____
 Required to handle hazardous cargo: Yes _____ No _____ Trained to haul/Handle: Yes _____ No _____

I have reviewed this individual's genuine need to operate a State vessel. In conducting this review I have considered his/her operating experience, class/type equipment to be operated, and a one year operating record. The attached Operator Record has been verified as accurate and updated as necessary. I authorize this individual to operate the vessels listed above in accordance with the provisions of this program. This authorization expires in one year from this date.

Agency Head Signature
(or specifically designated individual)

Date of Authorization